

**INCOME TAX RETURN**  
**Form BR & IR**

**CITY OF DEER PARK, OHIO**

INCOME TAX DEPARTMENT • MUNICIPAL BLDG.  
7777 BLUE ASH RD.  
DEER PARK, OH 45236  
PH (513) 794-8863 FAX (513) 794-8866

☐ CASH

CASHIER'S VALIDATION

☐ CHECK

☐ M.O.

☐ C.C.

**PAID WITH THIS RETURN**

\$ \_\_\_\_\_

**CK # or C.C. #** \_\_\_\_\_

**DATE** \_\_\_\_\_

**AUDIT** \_\_\_\_\_

FILE BY APRIL 15TH \_\_\_\_\_  
FOR THE CALENDAR YEAR \_\_\_\_\_

IF FISCAL PERIOD GIVE DATES

THRU \_\_\_\_\_

**MANDATORY FILING**

If Name or Address is Incorrect, Make Necessary Changes

**FILING REQUIRED EVEN IF NO TAX DUE**

Social Security No. \_\_\_\_\_

Business give Fed. I.D. No. \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

IF RETIRED - GIVE DATE \_\_\_\_\_

TAXPAYER MUST ATTACH COPIES OF FEDERAL RETURN OR SCHEDULES, WHERE APPLICABLE, (EXCEPT, WHEN SCHEDULE Y ON BACK OF FORM, LINE 5B IS USED).

1.	TOTAL OF ALL W-2's: If no other taxable income, enter highest gross wages here and Line 6	1.	_____
2.	INCOME OTHER THAN WAGES	2.	_____
3.	TOTAL INCOME (Total of Lines 1 and 2)	3.	_____
4a.	ITEMS NOT DEDUCTIBLE • FOR BUSINESS RETURN ONLY • _____ Add	4a.	_____
4b.	ITEMS NOT TAXABLE _____ Deduct	4b.	_____
5a.	ADJUSTED NET INCOME (Line 3, plus Excess Debit or less Excess Credit from Line 4a OR 4b)	5a.	_____
5b.	AMOUNT ALLOCABLE TO DEER PARK IF SCHEDULE Y, ON BACK IS USED _____ % of Line 5a	5b.	_____
5c.	LESS ALLOCABLE NET LOSS PER PREVIOUS DEER PARK INCOME TAX RETURN	5c.	_____
6.	AMOUNT SUBJECT TO DEER PARK CITY INCOME TAX (Line 1 or 5a, or 5b)	6.	_____
7.	DEER PARK CITY INCOME TAX, Line 6 (1.5%)	7.	_____
8.	DEER PARK CITY INCOME TAX WITHHELD BY EMPLOYER(S)	8.	_____
9a.	PAYMENTS ON _____ DECLARATION OF ESTIMATED TAX	9a.	_____
9b.	CREDITS FROM PRIOR YEAR OVERPAYMENT	9b.	_____
10.	EARNED INCOME TAXES PAID TO OTHER CITIES <b>(NOT TO EXCEED 1.5% PER W-2)</b>	10.	_____
11.	TOTAL CREDITS (Add Lines 8,9 and 10)	11.	_____
12.	If Payments (line 11) are less than tax (line 7) ENTER BALANCE DUE. PAY IN FULL WITH RETURN (\$1.00 or Less is Not Payable or Refunded)	12.	_____
13.	If Payments (line 11) are larger than tax (line 7) ENTER OVERPAYMENT Credit to _____ Estimate <input type="checkbox"/> To Be Refunded <input type="checkbox"/>	13.	_____
14.	PENALTY _____ INTEREST _____ LATE FILING FEE _____	14.	_____
15.	AMOUNT DUE - ATTACH CHECK OR M.O. FOR FULL AMOUNT DUE	15.	_____

The undersigned declares that this return (and accompanying schedules is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Tax purposes.

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Preparing, if Other than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_

Address or Name and Address of Firm or Employer \_\_\_\_\_

**PAYING TAX DUE BY CREDIT CARD**

• CIRCLE ONE:    MASTERCARD    VISA

• Account Number (16 digits) \_\_\_\_\_ Exp. Date: \_\_\_\_\_

• Amount to be paid: \$ \_\_\_\_\_

• Signature: \_\_\_\_\_

**SEND THIS COPY TO CITY OF DEER PARK**